

## REMARKS

Claims 1 and 69 have been amended. Claims 2; 7; 8; 17; 23 to 50; and 52 to 59 have been previously canceled.

Claims 1; 3 to 6; 9 to 16; 18 to 22; 51; and 60 to 69 remain in the application. The sole independent claim is claim 1.

Reexamination and reconsideration are respectfully requested in light of these amendments and the following remarks.

Claim 1 has been amended in view of the Examiner's rejection under 35 U.S.C. § 101 and her suggestion to defined an intended use by use of the terminology "adapted to."

The claims stand rejected under 35 U.S.C 103 based upon various combinations of Bond et al US 6,398,722 (Bond); Peterson et al US 5,879,314 (Peterson); Talish US 6,432,070 (Talish); Barsotti et al US 4,791,915 (Barsotti); Moehring et al (US 6,635,017 (Moehring); Berger et al US 5,024,829 (Berger).

Independent claim 1 has also been amended to define the ultrasound applicator as having inferior and superior edge portions, and lateral side portions. Applicant also notes that it is understood that lateral does not refer to a superior (top) or inferior (bottom) region when dealing with the human body.

**lateral adjective** : of or relating to the side; *especially, of a body part* : lying at or extending toward the right or left side : lying away from the median axis of the body <the lungs are *lateral* to the heart> <the *lateral* branch of the axillary artery>

<http://dictionary.reference.com/search?q=lateral>

Independent claim 1 has been further amended to define an assembly that is affixed only to the inferior and/or superior edge portions of the ultrasound applicator, to stabilize placement of the ultrasound applicator on the chest, and that is adapted that to leave the chest of the individual on lateral side portions of the ultrasound applicator substantially uncovered and bare to allow another device to be placed on bare skin alongside the ultrasound applicator at the same time the ultrasound applicator is placed on the chest and affixed and stabilized. Bond, Peterson, Barsotti, Moehring, and Berger do not teach or suggest an assembly, as defined in amended claim 1, for stabilizing placement of an ultrasound applicator on the chest, which is also adapted that to leave the chest of the individual on lateral side portions of the ultrasound applicator substantially uncovered and bare,

to make it possible to allow another device to be placed on bare skin alongside the ultrasound applicator at the same time the ultrasound applicator is placed on the chest and affixed and stabilized.

True, Talish shows an ultrasound transducer (for treating pain) strapped to the chest of an individual. Talish also generally alludes to "various modifications." Still, nowhere does Talish fairly teach or suggest or comprehend an ultrasound applicator that is stabilized on a chest during use in a way that leaves the chest alongside lateral side edge portions of the applicator bare. In Talish (Fig. 2), the strap assembly includes critical components that are affixed to the lateral side portions of the housing. Talish does not teach or suggest a stabilization assembly that is affixed only to the inferior and/or superior edge portions of the ultrasound applicator, as defined in amended claim 1. Indeed, in Talish, the side components extend entirely across and cover the chest of the individual, so that it is not possible to place another device on bare skin alongside the ultrasound applicator. A general allusion to "various modifications" does not teach or suggest a specific structure, like that defined in amended claim 1 -- particularly when, in Talish's environment, there is no teaching, suggestion, or comprehension of the desirability of leaving bare skin alongside the transducer to facilitate placement of another device alongside the ultrasound applicator at the same time the ultrasound applicator is stabilized on the chest by the assembly.

For these reasons, allowance of claims 1; 3 to 6; 9 to 16; 18 to 22; 51; and 60 to 69 is respectfully requested.

Respectfully Submitted,

By

  
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